

महाराष्ट्र शासन SIR J. J. GROUP OF HOSPITALS, BYCULLA, MUMBAI - 8 Medical Store/Surgical Store सर ज.जी. समुह रुग्णालये, भायखळा, मुंबई - 400 008 Tel.No. 2373 55 55, 2373 1144 ;Fax No. 2373 55 99;

Email id-jjhmedicalstore@gmail.com

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No.: JJH/MS/Quotation/A/ 292 /2025

Date:-18/09/2025

Sub: Quotation for the supply of medicines /items (open quotation)

Sir,

You are requested to submit your lowest bid for medicines / items. The quotation should reach this office in a sealed envelope on or before / 09 / 2025 till 5.00 pm. Quotation is also published on www.ggmcjjh.com
The Dean, Sir J J Group of Hospitals, Mumbai reserves the right to Accept, Recall or Reject any or all quotations are mentioned below the

The Dean, Sir J J Group of Hospitals, Mumbai reserves the right to Accept ,Recall or Reject any or all quotations without assigning any reason. Other instructions and terms & conditions regarding quotation are mentioned below the drug list.

Sr. No.	Name of the Drug	Unit Packing	Rate including GST as per unit Packing	Mfg By	MRP
1	Inj. Adenosine 3mg/ml, 2ml Amp	Per Amp			
2	Inj. Benzathine Penicillin 12 lakh, vial	Per vial			
3	Inj. Dexamethasone 4 mg, Amp	Per Amp			
4	Inj. Etomidate 20 mg / 10 ml , Vial	Per vial			,
5	Inj. Hepatitis B 20mcg/ml, 1 ml vial	Per vial			
6	Inj. Hydrocortisone Sodium 100 mg Vial	Per vial			
7	Inj. Potassium Chloride 150mg/ml,10 ml Amp	Per amp			
8	Inj. Promethazine HCL 50 mg/2ml Amp	Per amp			
9	Inj. Tranexamic Acid 100 mg / ml, 5 ml Vial/ Amp	Per vial/Amp			
10	Inj. Sodium Bicarbonate 7.5% W/v, 10 ml Amp	Per Amp			
11	Tab. Cetrizine Hydrochloride 10mg	Per Tab			
12	Tab. Diazepam 5 mg	Per Tab			
13	Tab. Erythromycin 500 mg	Per Tab			
14	Tab. Frusemide 40 mg	Per Tab			
15	Tab Griseofulvin 250 mg	Per Tab	3		

Sr. No.	Name of the Drug	Unit Packing	Rate including GST as per unit Packing	Mfg By	MRP
16	Tab Phenytoin Sodium 100 mg	Per Tab			
17	Tab Propranolol Hydrochloride 40 mg	Per Tab			

Instructions and terms & condition regarding Quotation:-

- 1. Interested vendors should submit the quotation as per given format only. Vendors need to specify Manufacturer & brand in the quotation and the same supply needs to be supplied.
- 2. Quotations must be submitted in a sealed envelope only.
- 3. The quotation & envelope should be addressed to The Dean, Sir J J Group of Hospitals, Mumbai and marked Kind attention to- Medical store.
- 4. Vendors must write quotation reference no & Last date of submission of quotation on the envelope.
- 5. Any amendments regarding the quotation will be published on website www.ggmcjjh.in. Vendors will not be communicated separately regarding the amendments.
- 6. However if the vendor fails to check any of these amendments on the website then it will be presumed that the vendor has quoted his/ her rates by taking the note of these amendments
- 7. It is Mandatory to Mention Name of WHO GMP approved manufacturer for quoting item.
- 8. Rate should be quoted inclusive of all taxes, GST, Transportation Charges, etc.
- 9. Rate must be written in both figures & words. Rates should be valid for six months from the date of opening the quotation.
- 10. Rate must be quoted for official Pharmacopeial standards i.e IP/BP/ USP only & same goods must be supplied.
- 11. Delivery period is 24 hrs to 15 (Fifteen) days in office time from the receipt of order, as per vitality of medicine.
- 12. Vendors need to submit NABL Accredited Labs Analysis test reports of every batch at the time of goods supply, alongwith NABL Certificate of testing laboratory and WHO-GMP Certificate of manufacturer
- 13. For goods supplied under MJPJAY Other schemes, bills will be passed only after the utilization certificate is received.
- 14. Successful vendors if fails to supply the goods within stipulated delivery period he is liable for the further necessary action, which may deem fit.
- 15. Frequent defaulter bidder will be debarred from participating in the future tenders/quotations called by this office
- 16. Payment within 120 Days from the Date of Submission of bills after Delivery of goods.
- 17. Sample needs to be submitted whenever asked.
- 18. Following documents need to be submitted alongwith quotation-
 - Bidders FDA license (manufacturing license OR wholesale stocking & Selling Licence)
 - Authorization Letter
 - No conviction certificate from FDA
 - GST registration copy
 - Bidder details as per Annexure A
 - Adata (अदाता) Registration Number at JJ Hospital Mumbai (if Adata registration number not taken then the documents mentioned in Annexure B to be submitted by Bidder)
 - WHO GMP certificate of manufacturer
 - NABL Accreditation Certificate of testing Lab

19. NOTE: Last date of submission of quotation: 26 / 09 /2025 before 5.00 pm

Dean Sir J J Group of Hospitals, Mumbai

Annexure - A

(To be submitted on Bidder's Letterhead, Incomplete Annexure is liable for Rejection)

- 1. Name and address of the firm: -
- Registered Head Office Postal address: -
- Telephone No.
- 5. Ownership status of the firm- (Maharashtra Govt. / Central Govt./Jt. Sector /co operative /SSI /Private)
- 6. Whether bidding as a manufacturer / importer / Authorized Distributor
- 7. Name of the person & Phone no. who should be contacted by this office in case of emergency.
- 8. Payee (अदाता) Registration Number at Sir I I Hospital, Mumbai.
- 9. PAN number_
- 10. GST registration number_

I / we hereby declare that particulars furnished above are true to the best of my /our knowledge and belief and that if any of the particulars is found to be materially incorrect / misleading, My /Our quotation shall be rejected. I / we accept all terms & conditions, also I / we are liable for penal action as per terms specified in the "terms and conditions of quotation".

Date: -

Signature of the bidder with official seal and address

Annexure - B

(For availing Adata Registration Number)

(To be submitted on Bidder's Letterhead, along with necessary documents Incomplete Annexure is liable for Rejection)

- 1) Bank A/C No. _____ 2) IFSC Code: - _____ 3) Branch Name & Address: _____ 4) GST registration number_____ 5) PAN number_____
- 6) Addhar Numbar_____
- 6) Bidder should submit
 - A) Original Cancelled Cheque.
 - B) Self attested Pancard Card Copy
 - C) Self attested Addhar Card Copy

I / we hereby declare that particulars furnished above are true to the best of my /our knowledge and belief and that if any of the particulars is found to be materially incorrect / Misleading, I/We are liable for penal action. Date: -

Signature of the bidder with official seal and address